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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Chiropractic Association PAC 1701 Clarendon Blvd ADDRESS (number and street) Check if different than previously Arlington ٧A 22209 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00102764 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr Michael Simone Type or Print Name of Treasurer Electronically Filed by Dr Michael Simone 07 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Chiropractic Association PAC

FEC Form 3X (Rev. 02/2003)

Report Covering the Period:	From:	м м 0 6	01	2011	To:	м м 0 6	30	2011
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_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1 2011 Y Y		33967.21
(b) Cash on Hand at Begining of Reporting Period	24333.46	
(c) Total Receipts (from Line 19)	30104.25	86070.50
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54437.71	120037.71
Total Disbursements (from Line 31)	15500.00	81100.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38937.71	38937.71
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
D. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period:

From: 0 6

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Y Y Y Y 2 0 1 1

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	13390.00	30624.99
	(ii) Unitemized	16714.25	55445.51
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	30104.25	86070.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30104.25	86070.50
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30104.25	86070.50
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	30104.25	86070.50

FE6AN026

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Shared Federal/Non-Federal —		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	15500.00	81100.00
. Independent Expenditure		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15500.00	81100.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	15500.00	81100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Fotal Contributions (other than loans) from Line 11(d), page 3)	30104.25	86070.50
Fotal Contribution Refunds from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	30104.25	86070.50
otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	0.00	0.00
Offsets to Operating Expenditures from Line 15, page 3)	0.00	0.00
let Operating Expenditures subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 43 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Chiropractic Association PA	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Dr Robert E Bachelder, DC Mailing Address 1182 Township Rd 11	75		Date of Receipt 0 6 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: 33378215
	Ashland	OH	44805-1977	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer self	Occupatio chiroprad		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 412.50	
- s.	Full Name (Last, First, Middle Initial) Dr Alan R Post, DC	2 :: 5 004		Date of Receipt
	Mailing Address 1130 Ten Rod Road, S	Suite D-204		06 01 2011
	City	State	Zip Code	Transaction ID: 33378224
	North Kingstown	RI	02852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupatio Chiropra		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00]
	Full Name (Last, First, Middle Initial) Dr Douglas G Pfeiffer, DC			Date of Receipt
	Mailing Address 1543 Layfield Rd			M M / D D / Y Y Y Y Y Y D D D D D D D D D D
	City	State	Zip Code	Transaction ID: 33378257
	Pennsburg FEC ID number of contributing	PA	18073-1711	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Upper Perkiomen Chiroprac- tic Center	Occupatio Chiropra	ctor	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
Γ.	SUBTOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Chiropractic Association	<u> </u>	, , , ,	
Full Name (Last, First, Middle Initial) Dr Thomas R Sullivan, DC, DACBSP			Date of Receipt
Mailing Address 7106 Pippin Road a	at Banning		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State OH	Zip Code 45239-4605	Transaction ID: 33378260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer self	Occupation Chiroprae		
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Roger S Redleaf, DC	I		Date of Receipt
Mailing Address 95 Sockanosset Cr	ossroads, Suite	3	0 6 0 1 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33378268
Cranston FEC ID number of contributing	RI	02920-5559	Amount of Each Receipt this Period
federal political committee.	C		100.00
Name of Employer self	Occupation Chiropra		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Dr Frederick E Hult, DC			Date of Receipt
Mailing Address 306 North Front Sti	reet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McHenry	State IL	Zip Code 60050-5505	Transaction ID: 33462743 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00030 0003	400.00
Name of Employer self employed	Occupation Chiropra		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
			1000.00

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Chiropractic Association	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Eldon L Huslig, DC, DACBR Mailing Address PO Box 1029 City Lombard FEC ID number of contributing federal political committee.	State Zip Code IL 60148-8029 C	Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 1 2 0 1 1 Transaction ID: 33462753 Amount of Each Receipt this Period 360.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Chiropractor Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Dr Robert Jarmain, DC Mailing Address 2 Lake Road North		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Great Neck FEC ID number of contributing	State Zip Code NY 11020-1612	Transaction ID: 33462756 Amount of Each Receipt this Period
federal political committee. Name of Employer Self	Occupation	100.00
Receipt For: Primary General Other (specify)	Chiropractor Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Louis Sportelli, DC		Date of Receipt
Mailing Address 125 Delaware Ave	Ctata 7in Cada	0 6 2 1 2 0 1 1
City <u>Palmerton</u>	State Zip Code PA 18071-1746	Transaction ID: 33462759 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional	J)	560.00

	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 43 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	Statements may not be sold or used by any perso	13 14 15 16 on for the purpose of soliciting contributions
or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Chiropractic Association PA	AC	
Full Name (Last, First, Middle Initial) Dr Michael J Cindrich, DC, CCSP		Date of Receipt
Mailing Address 15 East 10th St, Apt 1	С	06 21 7 2011
City	State Zip Code	Transaction ID: 33462760
New York	NY 10003-5931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
self	Chiropractor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	1
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Steven J Brodar, DC		Date of Receipt
Mailing Address 1400 South Main Stre	ret	M M / D D / Y Y Y Y
maming radiose 1400 Codin Main Circ		06 16 2011
City	State Zip Code	Transaction ID: 33488548
Lexington	NC 27292-2840	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer self	Occupation Chiropractor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) Dr Justin Hunter, DC	1	Date of Receipt
Mailing Address 3540 Seven Bridges [Or, Ste 130	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code	Transaction ID: 33488549
City	IL 60517-1222	Amount of Each Receipt this Period
City Woodridge		
Woodridge FEC ID number of contributing	C	1200.00
Woodridge	C	1200.00
Woodridge FEC ID number of contributing	Occupation chiropractor	1200.00
Woodridge FEC ID number of contributing federal political committee. Name of Employer	Occupation	1200.00
Woodridge FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation chiropractor Aggregate Year-to-Date	1200.00
Woodridge FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	Occupation chiropractor	1200.00
Woodridge FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation chiropractor Aggregate Year-to-Date	2300.00

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43 (check only one) X
or for commercia	opied from such Reports and S I purposes, other than using the DMMITTEE (In Full) chiropractic Association PA	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Addre		State CA	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y
Los Altos FEC ID numb federal politica	er of contributing al committee.	CA	94022	Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (s		Occupatio chiroprad Aggregate		
Full Name (La Dr Seth E Hose Mailing Addre				Date of Receipt 0 6 1 6 2 0 1 1
City		State	Zip Code	Transaction ID: 33488695
Portland FEC ID numb federal politica	er of contributing al committee.	OR	97209-3472	Amount of Each Receipt this Period 50.00
Name of Emp self employed	loyer	Occupatio chiroprad		
Receipt For: Primary Other (s	General	_ '	e Year-to-Date ▼ 232.50	
Dr. Troy A Stu	sst, First, Middle Initial) gill, , DC ss 1111 Hillcrest St			Date of Receipt 0 6 1 6 2 0 1 1
City		State	Zip Code	Transaction ID: 33488697
Woodward FEC ID numb federal politica	er of contributing al committee.	OK OK	73801-3004	Amount of Each Receipt this Period 1200.00
Name of Emp	loyer	Occupatio		
Receipt For: Primary Other (s	General pecify) ▼		e Year-to-Date ▼ 1200.00	
SUBTOTAL of I	Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 43 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Chiropractic Association I	d Statements may not be sold or used by any potential committee and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Sigmund Miller, DC Mailing Address 56 Weber Ave		Date of Receipt
City Hillsborough	State Zip Code NJ 08844-7039	Transaction ID: 33488701 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Receipt For:	Occupation Chiropractor Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	650.00	
Full Name (Last, First, Middle Initial) Dr John Victor DeMaio, DC Mailing Address 2654 Brandermill Bl	vd	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33488704
Gambrills	MD 21054-1651	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self employed	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	
Full Name (Last, First, Middle Initial) Dr E Michael Kyrs, DC MS	-	Date of Receipt
Mailing Address 199 S Addison Rd		0 6 1 6 2 0 1 1
City	State Zip Code	Transaction ID: 33488762
Wood Dale	IL 60191-1979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
AUDTOTAL (D TU. D ()	700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 43 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Chiropractic Association Page 1988 (1988)	e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr John Turner, DC Mailing Address 320 E Army Trail Rd			Date of Receipt 0 6 1 8 2 0 1 1
City Glendale Hts FEC ID number of contributing federal political committee.	State IL	Zip Code 60139-1757	Transaction ID: 33545295 Amount of Each Receipt this Period 600.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupatio Chiropra Aggregate		
Full Name (Last, First, Middle Initial) John Morrison Mailing Address 2480 W 77 Hwy # 2			Date of Receipt 0 6 1 8 2 0 1 1
City San Benito FEC ID number of contributing federal political committee.	State TX	Zip Code 78586	Transaction ID: 33545297 Amount of Each Receipt this Period 600.00
Name of Employer self employed Receipt For: Primary General Other (specify) ▼	Occupatio chiroprad Aggregate		
Full Name (Last, First, Middle Initial) Dr Lewis James Bazakos, DC Mailing Address 10 evans drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Glen Head FEC ID number of contributing federal political committee.	State NY	Zip Code 11545-3145	Transaction ID: 33545300 Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: Primary General Other (specify)	Occupatio Chiropra Aggregate		
SUBTOTAL of Receipts This Page (optional))	1450.00

City State Zip Code RI 02886-4445 FEC ID number of contributing federal political committee. Name of Employer Self City State Zip Code City State Zip Code NJ 07644 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ 300.00 Full Name (Last, First, Middle Initial) Dr. Christophe S Oliveira Mailing Address 1 S. Main St. Ste 1 2nd Floor City State Zip Code NJ 07644 FEC ID number of contributing federal political committee. Name of Employer Rehabilitation Institute of North Jers Receipt For: Name of Employer Receipt Primary General Other (specify) ▼ 400.00 Full Name (Last, First, Middle Initial) Dr. Christophe S Oliveira Document of North Jers Receipt For: Primary General Other (specify) ▼ 400.00 Full Name (Last, First, Middle Initial) Dr. Definy Primary General Other (specify) ▼ 400.00 Date of Receipt For: Primary General Other (specify) ▼ 400.00	y y y y 2 2 0 1 1 4
Der David J Dwyer, DC Mailing Address 189 Toll Gate Rd City State Zip Code Transaction ID: 33545324 Warwick RI 02886-4445 FEC ID number of contributing federal political committee. Name of Employer self Chiropractor Receipt For: Primary General Other (specify) ▼ 300.00 Full Name (Last, First, Middle Initial) Dr. Christophe S Oliveira Mailing Address 1 S. Main St. Ste 1 2nd Floor City State Zip Code Transaction ID: 33545331 Lodi NJ 07644 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 33545331 Amount of Each Receipt this City State Zip Code Transaction ID: 33545331 Amount of Each Receipt this FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 33545331 Amount of Each Receipt this FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 33545331 Amount of Each Receipt this FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 34545331 Amount of Each Receipt this FULL Name (Last, First, Middle Initial) Other (specify) ▼ 400.00 Date of Receipt Date of Receipt	2 0 1 1 4 s Period
Dr. Christophe S Oliveira Mailing Address 1 S. Main St. Ste 1 2nd Floor City State Zip Code Lodi NJ 07644 FEC ID number of contributing federal political committee. Name of Employer Rehabilitation Institute of North Jers Receipt For: Primary General Other (specify) ▼ Pate of Receipt Transaction ID: 33545331 Amount of Each Receipt this Chiropractic Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr Jeffry Tyrus Parker, DC Date of Receipt Transaction ID: 33545331 Amount of Each Receipt this	
Dr Jeffry Tyrus Parker, DC Date of Receipt	2011
City State Zip Code Denver CO 80224-3000 FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ O 6 18 Transaction ID: 33545340 Amount of Each Receipt this	
SUBTOTAL of Receipts This Page (optional)	250.00

or for commercial purpo NAME OF COMMIT American Chirop Full Name (Last, First Dr Douglas G Matzne	oses, other than using the name TEE (In Full) ractic Association PAC st, Middle Initial) r, DC 712 S Duncan Rd Ste B ontributing mittee.	ents may not be sold or used by any person and address of any political committee to be any poli	Date of Receipt Date of Receipt
American Chirop Full Name (Last, Fire Dr Douglas G Matzner Mailing Address 1 City Champaign FEC ID number of confederal political community of Employer Self employed Receipt For: Primary	ractic Association PAC st, Middle Initial) rr, DC 712 S Duncan Rd Ste B ontributing mittee. O C General T General	C ccupation hiropractor ggregate Year-to-Date 400.00	Transaction ID: 33545343 Amount of Each Receipt this Period
Mailing Address 1 City Champaign FEC ID number of c federal political commoder of the commod	ontributing mittee.	C ccupation hiropractor ggregate Year-to-Date 400.00	Transaction ID: 33545343 Amount of Each Receipt this Period
City Champaign FEC ID number of c federal political common self employer self employed Receipt For: Primary	ontributing mittee. O C General	C ccupation hiropractor ggregate Year-to-Date 400.00	Transaction ID: 33545343 Amount of Each Receipt this Period
Champaign FEC ID number of c federal political common po	ontributing mittee.	C ccupation hiropractor ggregate Year-to-Date 400.00	Amount of Each Receipt this Period
FEC ID number of c federal political communication. Name of Employer self employed Receipt For: Primary	ontributing mittee. O C General	ccupation hiropractor ggregate Year-to-Date 400.00	
Receipt For:	General A	hiropractor ggregate Year-to-Date ▼ 400.00	
Primary	General) ▼	400.00	
	st, Middle Initial)		l
Full Name (Last, Fire Dr Alan R Post, DC			Date of Receipt
Mailing Address 1	130 Ten Rod Road, Suite	D-204	0 6 1 8 2 0 1 1
City		State Zip Code	Transaction ID: 33545380
North Kingstown		RI 02852	Amount of Each Receipt this Period
FEC ID number of c federal political com	mittee.	C	150.00
Name of Employer self		ccupation hiropractor	
Receipt For:	A	ggregate Year-to-Date ▼	7
Primary Other (specify	General) ▼	500.00	
Full Name (Last, Fire Dr Kirsten S Grove, D	C		Date of Receipt
Mailing Address 8	130 Boone Blvd Ste 110		06 18 2011
City		State Zip Code	Transaction ID: 33545383
Vienna FEC ID number of c federal political comi	ontributing	VA 22182-2611 C	Amount of Each Receipt this Period 50.00
Name of Employer Self		ccupation hiropractor	
Receipt For: Primary Other (specify	General	ggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receip	ts This Page (optional)	.	300.00

В.

C.

SCHEDULE A (FEC Form 3X)		Llag apparate ashed: /s/s/	FOR LINE NUMBER: PAGE 15 / 43		
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)		
II EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17		
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
American Chiropractic Association PA	С				
Full Name (Last, First, Middle Initial) Dr Wayne C Wolfson, DC			Date of Receipt		
Mailing Address 205 East Colonial Dr			06 18 2011		
City	State	Zip Code	Transaction ID: 33545386		
Orlando	FL	32801-1203	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		300.00		
Name of Employer self employed	Occupation Chiroprae				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Dr Timothy Paul Dawson, DC			Date of Receipt		
Mailing Address 5019 Tamiami Trl E			M M / D D / Y Y Y Y Y Y O D D D D D D D D D D D D D		
City	State	Zip Code	Transaction ID: 33545444		
Naples	FL	34113-4126	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer self employed	Occupation				
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼		350.00			
Full Name (Last, First, Middle Initial) Dr Erin E Ducat, DC			Date of Receipt		
Mailing Address 107 S Third St, Ste 2			0 6 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 33545445		
Bloomingdale	IL	60108-2913	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		100.00		
Name of Employer Self	Occupation chiroprac				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00			
SUBTOTAL of Receipts This Page (optional)			450.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Chiropractic Association	nd Statements may not be sold or used by any perso g the name and address of any political committee to PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Raymond Foxworth, DC Mailing Address 2470 Flowood Driv	e, Suite 125	Date of Receipt 0 6 2 9 2 0 1 1
City	State Zip Code	Transaction ID: 33545446
FIOWOOD FEC ID number of contributing federal political committee.	MS 39232-9717	Amount of Each Receipt this Period 100.00
Name of Employer self employed Receipt For: Primary General Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date 700.00	
Full Name (Last, First, Middle Initial) Dr Lincoln German, DC Mailing Address 10633 Crestwood I	Or	Date of Receipt 0 6 2 9 2 0 1 1
City	State Zip Code	Transaction ID: 33545447
Manassas FEC ID number of contributing federal political committee.	VA 20109-3433	Amount of Each Receipt this Period 50.00
Name of Employer self employed	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Norman J Gloekler, DC Mailing Address 4239 Lake Ave		Date of Receipt 0 6 2 9 2 0 1 1
City	State Zip Code	Transaction ID: 33545448
Ashtabula FEC ID number of contributing federal political committee.	OH 44004-6844	Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
	1	250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 17 / 43 (check only one) X		
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Chiropractic Association	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)	1 AO		1
Dr Alvin C Graun, DC Mailing Address 6428 South Cass A	venue		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Westmont	State IL	Zip Code 60559-3209	Transaction ID: 33545449 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer self employed	Occupation Chiropra		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Justin Jobe, DC Mailing Address 221 N Preston Rd S	Ste D		Date of Receipt
City	State	Zip Code	0 6 2 9 2 0 1 1 Transaction ID: 33545450
Prosper	TX	75078-8792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer self employed	Occupation chiroprac		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr Robert Jones			Date of Receipt
Mailing Address 5310 Homestead R			06 29 2011
City <u>Albuquerque</u>	State NM	Zip Code 87110	Transaction ID: 33545451 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer self	Occupation chiroprac		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	51)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 18 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Chiropractic Association PA	ac .	
Full Name (Last, First, Middle Initial) Dr Reiner G Kremer, DC		Date of Receipt
Mailing Address 7601 Burning Tree Dr P.O. Box 201		06 29 2011
City Franktown	State Zip Code CO 80116-9540	Transaction ID: 33545457 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self employed	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Frank Lizzio, DC		Date of Receipt
Mailing Address 1610 Castle Hill Ave		0 6 2 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33545458
Bronx	NY 10462-4202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Timothy R Noble, DC, DACBSP		Date of Receipt
Mailing Address 5769 E Santa Ana Car	nyon Rd Ste P	0 6 2 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33545460
Anaheim	CA 92807-3233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self employed	Occupation Chiropractor	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	350.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Chiropractic Associatio	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Christophe S Oliveira Mailing Address 1 S. Main St. Ste	1 2nd Floor	Date of Receipt
City Lodi FEC ID number of contributing	State Zip Code NJ 07644	Transaction ID: 33545461 Amount of Each Receipt this Period 50.00
Name of Employer Rehabilitation Institute of North Jers Receipt For: Primary General Other (specify)	Occupation Chiropractic Physician Aggregate Year-to-Date 450.00]
Full Name (Last, First, Middle Initial) Dr James C Pamplin, DC Mailing Address 178 Main Street, S	Suite 100	Date of Receipt 0 6 2 9 2 0 1 1
City	State Zip Code	Transaction ID: 33545462
Plymouth	NH 03264-1527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self employed	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Jeffry Tyrus Parker, DC		Date of Receipt
Mailing Address 6825 E Hampden	Ave Ste 100	06 29 2011
City	State Zip Code	Transaction ID: 33545463
Denver FEC ID number of contributing federal political committee.	CO 80224-3000	Amount of Each Receipt this Period 30.00
Name of Employer Self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optio	nal)	130.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 43 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any personal rest of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Chiropractic Association	<u> </u>	areas of any pointed committee to	
Full Name (Last, First, Middle Initial) Dr Janet Pitts, DC			Date of Receipt
Mailing Address 4105 W Spring Cr	eek Pkwy Ste 51	0	M M / D D / Y Y Y Y Y O D D / 29 2011
City Plano	State TX	Zip Code 75024-5294	Transaction ID: 33545464
FEC ID number of contributing federal political committee.	C	73024-3294	Amount of Each Receipt this Period 50.00
Name of Employer self employed	Occupation Chiroprae		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Dr Colleen Tanaka. DC			Date of Receipt
Mailing Address 98-1258 Kaahuma	ınu St Ste 6		0 6 2 9 2 0 1 1
City Pearl City	State HI	Zip Code	Transaction ID: 33545466
FEC ID number of contributing federal political committee.	C	96782-3251	Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Chiroprae		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Dr Richard W Haas, DC			Date of Receipt
Mailing Address 1403 South Federa	al Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Magazin City	State	Zip Code	Transaction ID: 33548294
Mason City FEC ID number of contributing federal political committee.	C	50401-5727	Amount of Each Receipt this Period 50.00
Name of Employer self	Occupation Chiroprae		7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)		150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 21 / 43 (check only one) X		
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Chiropractic Association	the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Joseph J Sweere, DC Mailing Address 2501 W. 84th St			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bloomington FEC ID number of contributing	State MN	Zip Code 55431-1602	Transaction ID: 33548295 Amount of Each Receipt this Period 25.00
Name of Employer Northwestern Health Sciences Universit Receipt For: Primary General Other (specify)	Occupation Chiroprac		
Full Name (Last, First, Middle Initial) Dr Audie George Klingler, DC Mailing Address 203 Greene St			Date of Receipt 0 6 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: 33548299
Cumberland	MD	21502-2877	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self	Occupation Chiroprac		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Dr Randy R Hinze, DC			Date of Receipt
Mailing Address 2421 23rd St			0 6 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: 33548302
Columbus FEC ID number of contributing federal political committee.	C	68601-3305	Amount of Each Receipt this Period 62.50
Name of Employer self	Occupation Chiroprac		
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)		137.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 22 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Chiropractic Association PA	c	
Full Name (Last, First, Middle Initial) Dr Steven Harrison, DC		Date of Receipt
Mailing Address 50 Village Street City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Pikeville	KY 41501-3266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Dr Brent McNabb, DC		Date of Receipt
Mailing Address 2205 N Sherman Ave		06 13 7 2011
City	State Zip Code	Transaction ID: 33548306
Madison	WI 53704-3310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Daniel C Gleason, DC		Date of Receipt
Mailing Address 19084 N Fruitport Rd		06 13 7 2011
City	State Zip Code	Transaction ID: 33548308
Spring Lake	MI 49456-1163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self employed	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		158.33
TOTAL This Period (last page this line number	·	

City State Zip Code Transaction ID: 33548309 Amount of Each Receipt this F EC ID number of contributing federal political committee. Name of Employer Self Champaign Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt this F City State Zip Code Transaction ID: 33548312 Date of Receipt Tor: Mailing Address 1654 Mardon Dr City State Zip Code OH 45432-1949 FEC ID number of contributing federal political committee. Name of Employer Self employer Chiropractor Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt this F City State Zip Code Chiropractor Aggregate Year-to-Date ▼ Date of Receipt this F City State Zip Code Chiropractor Aggregate Year-to-Date ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Tore Date of Receipt Tore	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 11
AL Dr Kent C Fox. DC Mailling Address 950 W Main St City State Zip Code OH 45036-9173 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
FEC ID number of contributing federal political committee. Name of Employer self	Dr Kent C Fox, DC Mailing Address 950 W Main St City	· ·	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Gregory P Palkowski, DC Mailing Address 1654 Mardon Dr City Dayton OH 45432-1949 FEC ID number of contributing federal political committee. Name of Employer Self employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Douglas G Matzner, DC Mailing Address 1712 S Duncan Rd Ste B City Champaign FEC ID number of contributing federal political committee. City Champaign FEC ID number of contributing federal political committee. City Champaign FEC ID number of contributing federal political committee. City Champaign FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Transaction ID: 33548315 Amount of Each Receipt this F Transaction ID: 33548315 Amount of Each Receipt this F City Champaign City Champaign FEC ID number of contributing federal political committee. Name of Employer self employed Chiropractor Receipt For: Primary General Aggregate Year-to-Date ▼	FEC ID number of contributing federal political committee.		50.00
Date of Receipt Mailing Address 1654 Mardon Dr City State Zip Code Dayton OH 45432-1949 FEC ID number of contributing federal political committee. Name of Employer self employed Chiropractor Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General	Chiropractor Aggregate Year-to-Date ▼	
City State Zip Code OH 45432-1949 FEC ID number of contributing federal political committee. Name of Employer self employed Receipt For: Primary General Other (specify) ▼ City State Zip Code Mailing Address 1712 S Duncan Rd Ste B City State Zip Code Champaign IL 61822-5224 Name of Employer State Receipt this F Code Champaign FEC ID number of contributing federal political committee. Name of Employer State Zip Code Champaign IL 61822-5224 Name of Employer Self employer Self employer Self employed Receipt For: Primary General Coccupation Chiropractor Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Dr Gregory P Palkowski, DC		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer self employed Chiropractor Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr Douglas G Matzner, DC Mailing Address 1712 S Duncan Rd Ste B City State Zip Code IL 61822-5224 FEC ID number of contributing federal political committee. Name of Employer self employed Chiropractor Receipt For: Primary General Occupation Chiropractor Regregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	City	-	
Receipt For: Primary	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr Douglas G Matzner, DC Mailing Address 1712 S Duncan Rd Ste B City State Zip Code Champaign IL 61822-5224 FEC ID number of contributing federal political committee. Name of Employer self employed Receipt For: Primary General 250.00 Date of Receipt M M M / D D D / Y Y Y O O O O O O O O O O O O O O O O	self employed	· ·	
Dr Douglas G Matzner, DC Mailing Address 1712 S Duncan Rd Ste B City State Zip Code Champaign IL 61822-5224 FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City State Zip Code Champaign IL 61822-5224 FEC ID number of contributing federal political committee. Name of Employer self employed Receipt For: Primary General State Zip Code Transaction ID: 33548315 Amount of Each Receipt this F C Aggregate Year-to-Date ▼	Dr Douglas G Matzner, DC	Э В	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self employed Chiropractor Receipt For: Primary General C Aggregate Year-to-Date	City	State Zip Code	
Self employed Chiropractor Receipt For: Primary General Aggregate Year-to-Date ▼	FEC ID number of contributing		Amount of Each Receipt this Period 50.00
Receipt For: Primary General Aggregate Year-to-Date ▼	Name of Employer self employed	I '	
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	·····	150.00

TEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 24 / 43 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Chiropractic Association PA	С		
Full Name (Last, First, Middle Initial) Dr Craig Newman, DC			Date of Receipt
Mailing Address 3305 W Kennedy Blvd			0 6 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33548316
<u>Tampa</u>	FL	33609-2903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer self	Occupation Chiropra		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	400.00	
Full Name (Last, First, Middle Initial) Dr Thomas D Worden, DC	•		Date of Receipt
Mailing Address 78 Deer Hill Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33548318
<u>Danbury</u>	CT	06810-7938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer self	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Ronald C Kaufmann, DC			Date of Receipt
Mailing Address 333 Route 25A, Suite 4	40		0 6 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: 33548328
Rocky Point	NY	11778-8569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer self	Occupation Chiropra		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 43 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Chiropractic Association	nd Statements may not be sold or used by any perso the name and address of any political committee to PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Shawn Isdale, DC Mailing Address 1201 Winkler Ave		Date of Receipt
		06 13 2011
City <u>Killeen</u>	State Zip Code TX 76542-6108	Transaction ID: 33548329
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Isdale Chiropractic Clinic	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr Kelli K Pearson, DC		Date of Receipt
Mailing Address 1410 N Mullan Rd	Ste 200	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33548330
Spokane Valley	WA 99206-4046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NWCC	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Lawrence J Reis, DC	I	Date of Receipt
Mailing Address 1621 East Vine Str	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33548333
Kissimmee	FL 34744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self employed	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	l	300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 43 (check only one) X 11a
A OI	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Chiropractic Association PA	AC.		
	Full Name (Last, First, Middle Initial) Dr Laron L Hardy, DC			Date of Receipt
	Mailing Address 2699 Sandlin Rd SW		7: 0 !	06 13 2011
	City Decatur	State AL	Zip Code 35601-7343	Transaction ID: 33548335 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	000017040	50.00
	Name of Employer self employed	Occupatio Chiropra		
	Receipt For: Primary General Other (specify)	- '	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr Terry L Bradley, DC			Date of Receipt
	Mailing Address 1324 East Garrison Bl	lvd		06 13 2011
	City	State	Zip Code	Transaction ID: 33548344
	Gastonia	NC	28054-5134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self	Occupation Chiropra		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00]
	Full Name (Last, First, Middle Initial) Dr Lawrence Marrich, DC			Date of Receipt
	Mailing Address 3401 Carlisle Blvd NE			06 13 2011
	City	State	Zip Code	Transaction ID: 33548354
	Albuquerque	NM	87110-1648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self	Occupatio Chiropra	ctor	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		150.00

City State Zip Code Spokane Valley WA 99206 FEC ID number of contributing federal political committee. Name of Employer Self City State Zip Code City State Zip Code City State Zip Code Chester VA 23831-2352 Name of Employer Self City State Zip Code Chester VA 23831-2352 Name of Employer Self City State Zip Code Chester VA 23831-2352 Name of Employer Self Chester Self Chester Cheste	R: PAGE 27 / 43
Full Name (Last, First, Middle Initial) Date of Receipt City Spokane Valley FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ State VA Saysan-2352 C Date of Receipt Transaction ID: Amount of Each FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ State C Date of Receipt Transaction ID: Amount of Each FEC ID number of contributing federal political committee. City State VA Says1-2352 Transaction ID: Amount of Each C C Date of Receipt Transaction ID: Amount of Each C Transaction ID: Amount of Each C Date of Receipt Amount of Each Date of Receipt Amount of Each C Date of Receipt Amount of Each Date of Receipt Amount of Each Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each	Diciting contributions
FEC ID number of contributing federal political committee. Name of Employer self C C	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Mathias Pastore, DC Mailing Address 12300 Bermuda Crossroad Ln City State Zip Code Chester VA 23831-2352 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William O Bauman, DC Mailing Address 1 General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William O Bauman, DC Mailing Address 1 Guthrie Square Neurology Dept City State Zip Code Neurology Dept City State Zip Code Transaction ID: Date of Receipt Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each C Amount of Each C C Amount of Each Dotte of Receipt Transaction ID: Amount of Each Dotte of Receipt Transaction ID: Amount of Each Dotte of Receipt Transaction ID: Amount of Each C C C C C C C C C C C C C	Receipt this Period 50.00
Dr Mathias Pastore, DC Mailing Address 12300 Bermuda Crossroad Ln City State Zip Code Chester VA 23831-2352 FEC ID number of contributing federal political committee. Name of Employer Self Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William O Bauman, DC Mailing Address 1 Guthrie Square Neurology Dept City Sayre PA 18840-1625 Date of Receipt Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each Transaction ID: Amount of Each C Transaction ID: Amount of Each C C Transaction ID: Amount of Each C C Transaction ID: Amount of Each C C Date of Receipt Amount of Each C C Transaction ID: Amount of Each C C C Date of Receipt Date of Receipt Amount of Each C C C C Date of Receipt Date of Receipt Date of Receipt Date of Receipt Amount of Each C C C C Date of Receipt	
City State Zip Code VA 23831-2352 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William O Bauman, DC Mailing Address 1 Guthrie Square Neurology Dept City State Zip Code Transaction ID: State Zip Code Transaction ID: Date of Receipt M M M M M M M M M M M M M M M M M M M	D / Y Y Y Y Y 3 2011
Chester VA 23831-2352 Amount of Each FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William O Bauman, DC Mailing Address 1 Guthrie Square Neurology Dept City State Zip Code Transaction ID: Sayre PA 18840-1625 FEC ID number of contributing federal political committee. Name of Employer solf employer solf employer solf employer of contributions of countribution of countribution of countributions of countributi	
Name of Employer Self Name of Employer Self Occupation Chiropractor Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. William O Bauman, DC Mailing Address 1 Guthrie Square Neurology Dept City State State FEC ID number of contributing federal political committee. Name of Employer Self approprieted Occupation Chiropractor Aggregate Year-to-Date Aggregate Year-to-Date	Receipt this Period
Chiropractor Receipt For: Primary	62.50
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William O Bauman, DC Mailing Address 1 Guthrie Square Neurology Dept City State Zip Code Sayre PA 18840-1625 FEC ID number of contributing federal political committee. Name of Employer Self employed Occupation Sayre Occupation	
Dr. William O Bauman, DC Mailing Address 1 Guthrie Square Neurology Dept City State Zip Code Sayre PA 18840-1625 FEC ID number of contributing federal political committee. Name of Employer celf employer	
Sayre PA 18840-1625 FEC ID number of contributing federal political committee. C Name of Employer Self amployed	^D / Y Y Y Y Y 3
FEC ID number of contributing federal political committee. Name of Employer Occupation	33548364
Name of Employer Self employed Chiropractor	Receipt this Period 50.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	162.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 43 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Chiropractic Association	the name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. lan J Boehm, Jr, DC Mailing Address 271 Western Ave			Date of Receipt
City	State	Zip Code	0 6 1 3 2 0 1 1 Transaction ID: 33548367
<u>Lynn</u>	MA	01904-3000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer self	Occupatio Chiropra		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Barbro Brost, DC Mailing Address 1421 Wayzata Blvd	I Sto 61		Date of Receipt
Walling Address 1421 Wayzala BIVO	1 316 61		06 13 2011
City	State	Zip Code	Transaction ID: 33548368
Wayzata	MN	55391-4113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer The Brost Clinic	Occupatio Chiropra		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00]
Full Name (Last, First, Middle Initial) Dr Russell Smith, DC			Date of Receipt
Mailing Address 2175 Chambliss Av	ve NW, Suite D		06 13 7 2011
City	State	Zip Code	Transaction ID: 33548381
Cleveland	TN	37311-3842	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self	Occupatio Chiropra	ctor	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	- -		212.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 43 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Chiropractic Association	g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Steven A Gansen, DC			Date of Receipt
Mailing Address 210 N Meridian St	Ste 1		0 6 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Belle Plaine	State MN	Zip Code 56011-1828	Transaction ID: 33548383 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self	Occupation Chiropra		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr William F Updyke, DC Mailing Address 3571 N. First St., S	Ste 200		Date of Receipt
City	State	Zip Code	0 6 1 3 2 0 1 1 Transaction ID: 33548384
San Jose	CA	95134-1617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer self employed	Occupation Chiropra		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Casey J Iverson, DC	•		Date of Receipt
Mailing Address PO Box 2371			06 13 7 2011
City Grand Island	State NE	Zip Code 68802-2371	Transaction ID: 33548385 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00002-2371	100.00
Name of Employer self	Occupation Chiroprae		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (option	al)		200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 43 (check only one) X
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any peename and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Chiropractic Association PA	AC	
	Full Name (Last, First, Middle Initial) Dr James H Adams, DC, DACBN		Date of Receipt
	Mailing Address 101 Andrieux St	Ctata 7:a Cada	06 13 2011
	City Sonoma	State Zip Code CA 95476-6906	Transaction ID: 33548386
	FEC ID number of contributing federal political committee.	CA 93470-0900	Amount of Each Receipt this Period 50.00
	Name of Employer self employed	Occupation Chiropractor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr James C Neumayer, DC		Date of Receipt
	Mailing Address 184 Main St		0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 33548387
	Presque Isle	ME 04769-2817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self	Occupation Chiropractor	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	•
	Full Name (Last, First, Middle Initial) Dr Robert Reeves, DC		Date of Receipt
	Mailing Address PO Box 15005		06 13 7 2011
	City	State Zip Code	Transaction ID: 33548389
	Covington	KY 41015-0005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self employed	Occupation chiropractor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
			150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and cor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Chiropractic Association Page 1988	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Edwin Davis, DC Mailing Address 391 South 1st Street		Date of Receipt 0 6 1 3 2 0 1 1
City	State Zip Code	Transaction ID: 33548395
<u>Jesup</u>	GA 31545-1132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 412.50	
Full Name (Last, First, Middle Initial) Dr Kirsten S Grove, DC		Date of Receipt
Mailing Address 8130 Boone Blvd Ste	06 13 7 2011	
City	State Zip Code	Transaction ID: 33548397
Vienna	VA 22182-2611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr E Michael Kyrs, DC MS		Date of Receipt
Mailing Address 199 S Addison Rd		0 6 1 3 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 33548399
Wood Dale	IL 60191-1979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Chiropractic Association	<u>~</u>	,	
Full Name (Last, First, Middle Initial) Dr Joseph Riggio, DC			Date of Receipt
Mailing Address 921 West Irving Pa	ark Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33548410
Itasca FEC ID number of contributing federal political committee.	C	60143-2023	Amount of Each Receipt this Period 50.00
Name of Employer self employed	Occupatio Chiropra		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr N Ray Tuck, Jr, DC			Date of Receipt
Mailing Address PO Box 1463			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33548423
Christiansburg	VA	24068-1463	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self	Occupatio Chiropra		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	600.00	
Full Name (Last, First, Middle Initial) Dr Robert E Bachelder, DC			Date of Receipt
Mailing Address 1182 Township Rd	l 1175		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33548424
Ashland	OH	44805-1977	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer self	Occupatio chiroprad		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	475.00	
			212.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 43 (check only one) X 11a
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Chiropractic Association PA	C	
Full Name (Last, First, Middle Initial) Dr Karen A Mahlmeister, DC		Date of Receipt
Mailing Address 134 East 15th Street		0 6 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33548425
Edmond	OK 73013-4303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self	Occupation Chiropractor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Dr Jason G Abshire, DC		Date of Receipt
Mailing Address 913 South College Roa	ad, Ste 105	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33548426
Lafayette	LA 70503-3061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self	Occupation Chiropractor	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Matthew A Nardone, DC		Date of Receipt
Mailing Address 117-B Three Springs D	r	0 6 1 3 2 0 1 1
City	State Zip Code	Transaction ID: 33548429
Weirton	WV 26062-3827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		250.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 43 (check only one) X
or for commerci	copied from such Reports and S al purposes, other than using the CMMITTEE (In Full) Chiropractic Association PA	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Lloyd Den	Last, First, Middle Initial) ton Spiers, DC ess 5128 Old Highway 11	Ste 1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33548431
<u>Hattiesbur</u>	g	MS	39402-6022	Amount of Each Receipt this Period
	ber of contributing cal committee.	С		50.00
Name of Em Self	ployer	Occupatio chiroprad		
Receipt For: Primar Other	y General (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (L Dr Irene L Pa Mailing Addr				Date of Receipt
City		State	Zip Code	06 13 2011
Racine		WI	53405-2902	Transaction ID: 33548433 Amount of Each Receipt this Period
FEC ID num	ber of contributing cal committee.	С		41.67
Name of Em Self	ployer	Occupatio chiroprac		
Receipt For: Primar Other	y General (specify) 💗	Aggregate	e Year-to-Date ▼ 208.35	
Full Name (L Dr Jeffrey Zai	ast, First, Middle Initial) ka, DC			Date of Receipt
Mailing Addr	ess 990 Lexington Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33548434
	ber of contributing cal committee.	OH C	44907	Amount of Each Receipt this Period 50.00
Name of Em	ployer	Occupatio		
Receipt For: Primar Other			e Year-to-Date ▼ 300.00	
SUBTOTAL of	Receipts This Page (optional)	1		141.67

or for commercial purp NAME OF COMM American Chiro Full Name (Last, F Dr Dianna Welty, Do Mailing Address City Clay City FEC ID number of federal political cor Name of Employer self employed Receipt For: Primary Other (specie	poses, other than using the nam ITTEE (In Full) practic Association PAC irst, Middle Initial) C PO Box 43 contributing nmittee.	State Zip Code IL 62824-0043 C C Cccupation hiropractor aggregate Year-to-Date 300.00	Date of Receipt M M M / D D M 2 0 1 1 Transaction ID: 33548446 Amount of Each Receipt this Period
American Chiro Full Name (Last, F Dr Dianna Welty, Di Mailing Address City Clay City FEC ID number of federal political cor Name of Employer self employed Receipt For: Primary Other (specie	practic Association PAC irst, Middle Initial) C PO Box 43 contributing nmittee. General	IL 62824-0043 C ccupation hiropractor aggregate Year-to-Date ▼	Transaction ID: 33548446 Amount of Each Receipt this Period
Mailing Address City Clay City FEC ID number of federal political cor Name of Employer self employed Receipt For: Primary Other (specif	CONTRIBUTING NMITTEE.	IL 62824-0043 C ccupation hiropractor aggregate Year-to-Date ▼	Transaction ID: 33548446 Amount of Each Receipt this Period
City Clay City FEC ID number of federal political cor Name of Employer self employed Receipt For: Primary Other (specif	contributing nmittee.	IL 62824-0043 C ccupation hiropractor aggregate Year-to-Date ▼	Transaction ID: 33548446 Amount of Each Receipt this Period
Clay City FEC ID number of federal political cor Name of Employer self employed Receipt For: Primary Other (specif	contributing nmittee.	IL 62824-0043 C ccupation hiropractor aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of federal political cor Name of Employer self employed Receipt For: Primary Other (specif	contributing nmittee.	Cocupation hiropractor aggregate Year-to-Date ▼	
Receipt For: Primary Other (specif	General C	hiropractor Aggregate Year-to-Date ▼	1
Primary Other (specif	General		1
		300.00	
Dr Troy Wilson, DC	irst, Middle Initial)		Date of Receipt
Mailing Address	321 N Burlington Ave		06 13 2011
City		State Zip Code	Transaction ID: 33548462
Hastings FEC ID number of federal political cor	contributing	NE 68901-5034 C	Amount of Each Receipt this Period 50.00
Name of Employer self		occupation hiropractor	7
Receipt For: Primary Other (specif	General	aggregate Year-to-Date ▼ 300.00	
Full Name (Last, F Dr Sharon Hulbert, I	,		Date of Receipt
Mailing Address	592 N Green Rd		0 6 1 3 2 0 1 1
City		State Zip Code	Transaction ID: 33548469
Sprakers FEC ID number of federal political cor	contributing	NY 12166-3202 C	Amount of Each Receipt this Period 50.00
Name of Employer Self		occupation hiropractor	
Receipt For: Primary Other (specif	General	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Rece	ipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Chiropractic Association P	Statements may not be sold or used by any pers ne name and address of any political committee to AC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Marc Girod, DC Mailing Address 7007 Wyoming Blvd City	NE Ste E1 State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Albuquerque FEC ID number of contributing	NM 87109-3983	Amount of Each Receipt this Period 50.00
Receipt For: Primary Other (specify) ▼	Occupation chiropractor Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr Bruce Thompson, DC Mailing Address PO Box 2864		Date of Receipt 0 6 1 3 2 0 1 1
City	State Zip Code	Transaction ID: 33548478
Muscle Shoals FEC ID number of contributing federal political committee.	AL 35662-2864	Amount of Each Receipt this Period 50.00
Name of Employer self employed	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Paul C Ciatto, DC		Date of Receipt
Mailing Address 1620 Towne Center F	Route 22	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brewster	State Zip Code NY 10509	Transaction ID: 33548481 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer Self	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
	1	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Chiropractic Association	the name and address of any political	d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Kirk E Manson, DC Mailing Address 1804 Carlisle Blvd	NE	Date of Receipt
City Albuquerque	State Zip Code NM 87110-4906	0 6 1 3 2 0 1 1 Transaction ID: 33548488 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self employed Receipt For: Primary General Other (specify) ▼	Occupation chiropractor Aggregate Year-to-Date	300.00
Full Name (Last, First, Middle Initial) Dr Sean P Rondeau, DC Mailing Address 1111 W Morton Ave	e Ste 2	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33548490
<u>Jacksonville</u>	IL 62650-3165	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self employed	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Dr John Caraway, DC	•	Date of Receipt
Mailing Address 1200 Enterprise Blv	rd	06 13 2011
City	State Zip Code	Transaction ID: 33548494
Lake Charles FEC ID number of contributing federal political committee.	LA 70601-6322	Amount of Each Receipt this Period 62.50
Name of Employer Self	Occupation chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	375.00
	·	212.50

В.

PAGE 38 / 43 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Chiropractic Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Dr Christopher L. Bissett Mailing Address 979 Del Mar Dr 0 6 13 2011 City State Zip Code Transaction ID: 33548505 Lady Lake FI 32159 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer self employed Occupation chiropractor Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) Ronald Vogtsberg Date of Receipt Mailing Address 260 E Ontario 104 0 6 13 2011 City State Zip Code Transaction ID: 33548506 Corona CA 92879-3508 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer self employed Occupation chiropractor Receipt For: Aggregate Year-to-Date ▼ Primary General

250.00

SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)		13390.00

Other (specify)

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 39 / 43
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one)] 22 X 23 -	24 25 26
	Detailed Summary Fage	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to son	Cit Continbutions from	Such committee
American Chiropractic Association PAC				
Full Name (Last, First, Middle Initial)			Transaction ID: 3	33453588
Whitehouse For Senate			Date of Disburseme	
Mailing Address P.O. Box 40280			0 6	y 2011 ^Y
	State Zip Code RI 02940		Amount of Each Dis	sbursement this Period
Purpose of Disbursement		011		1000.00
Candidate Name Sen. Sheldon Whitehouse		Category/ Type		
X Senate X President	ment For: 2012 Primary General Other (specify)			
State: RI District:				
Full Name (Last, First, Middle Initial) Hawkeye PAC			Transaction ID: 3	
Mailing Address PO Box 7255			06 06	2011
,	State Zip Code IA 50309		Amount of Each Dis	sbursement this Period
Purpose of Disbursement		011		1000.00
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Becerra For Congress			Transaction ID: 3	
Mailing Address P.O. Box 261060			06	2011
	State Zip Code CA 90026		Amount of Each Dis	sbursement this Period
Purpose of Disbursement	Ī			1000.00
Candidate Name Rep. Xavier Becerra		011 Category/ Type		
Senate X President	ment For: 2012 Primary General Other (specify)			
State: CA District: 31				
SUBTOTAL of Disbursements This Page (optional)		>		3000.00
TOTAL This Period (last page this line number only)				

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TEMES DISCUSSION	Use separate schedule(s)	OR LINE NUMBER: PAGE 40 / 43 check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Chiropractic Association PAC		
Full Name (Last, First, Middle Initial)		Transaction ID: 33500960
Jeff Merkley For Oregon Mailing Address 2236 Se 10th Ave		Date of Disbursement 0 6
	Chata 7in Cada	
City Portland	State Zip Code OR 97214	Amount of Each Disbursement this Period
Purpose of Disbursement	0-	
Candidate Name Sen. Jeff Merkley	Ту	pgory/ ppe
X Senate President	ement For: 2014 Primary General Other (specify)	
State: OR District: Full Name (Last, First, Middle Initial)		Transaction ID: 33500965
Moran For Kansas		Date of Disbursement
Mailing Address P.O. Box 1151		06 / 21 / 2011
City Hays	State Zip Code KS 67601	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	O-Cate	1000.00
Mr. Jerry Moran	Ту	• ,
ů X	ement For: 2016 Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Bob Casey For Senate Inc		Transaction ID: 33501067 Date of Disbursement
Mailing Address 700 13th Street Nw Suite 600		06 06 7 21 7 2011
City Washington	State Zip Code DC 20005	Amount of Each Disbursement this Period
Purpose of Disbursement	Ů.	1000.00
Candidate Name Sen. Robert Casey, Jr.	Cate Ty	egory/ rpe
X Senate President	ement For: 2012 Primary General Other (specify)	
State: PA District:		
		3000.00

TELUZED DIG	Use separate schedule(s)		FOR LINE NUMBER: PAGE 41 / 43 (check only one)				
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	d from such Reports a						
NAME OF COMM							
Full Name (Last, F Wally Herger F	First, Middle Initial) or Congress				Transaction ID: Date of Disbursen		
Mailing Address	P.O. Box 1500				06 / 21	2011	
City Chico		State CA	Zip Code 95927-1500		Amount of Each D	isbursement this Period	
Purpose of Disbur	sement			011		1000.00	
Candidate Name Mr. Wally Herg		5		Category/ Type			
Office Sought:	X House Senate President	Disbursement For: X Primary Other (s	2012 General pecify) ▼				
State: CA Full Name (Last, F	District: 02 First, Middle Initial)				Transaction ID:	33501070	
Braley For Con					Date of Disbursen	nent	
Mailing Address	PO Box 390				06 21	2011	
City Waterloo		State IA	Zip Code 50704		Amount of Each D	bisbursement this Period	
Purpose of Disbur	sement			011		1500.00	
Candidate Name Rep. Bruce Bra	ley			Category/ Type			
Office Sought:	X House Senate President District: 01	Disbursement Form X Primary Other (s	2012 General pecify) ▼				
	First, Middle Initial)				Transaction ID: Date of Disbursen		
Mailing Address	123 East 13th S	treet			06 21	2011	
City Anniston		State AL	Zip Code 36202		Amount of Each D	isbursement this Period	
Purpose of Disbur	rsement			011		2000.00	
Candidate Name Rep. Michael D	ennis Rogers			Category/ Type			
Office Sought:	X House Senate President	Disbursement For: X Primary Other (s	2012 General pecify)				
State: AL	District: 03						

		B (FEC Form	-	Use sep	arate schedule(s))		NE NUME	BER:		PAGE	42 / 43	3
T	EMIZED DIS	SBURSEMEN	TS	for each	category of the Summary Page		21b 27	only one) 22 28a	X 2		24	25 29	
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\rangle	NAME OF COM	<u> </u>		and addre	os or any pointed		Tillico to	3011011 00	THIBUTION	15 HOIT 50	011 0011111		
		First, Middle Initial) Re-Elect Linda Sa	ınchez					_		n ID: 33			
	Mailing Address	1212 S. Victory						0 ^M	M /	15		0 1 1	Y
	City Burbank			State CA	Zip Code 91502			Am	ount of E	ach Disbu	ırsement	this Pe	eric
	Purpose of Disbu	irsement					011	ΠL			100	00.00	_
	Candidate Name Rep. Linda Sa	nchez					tegory/ ype						
	Office Sought: State: CA	X House Senate President District: 39	Disburser X	ment For: Primary Other (spe	2012 General ecify)								
		First, Middle Initial)	1							n ID: 33			
	Mailing Address	972 W Whitmir	e Drive					0 ^M	6 ^M /	^D 1 5	y y 2	0 1 1	Υ
	City Melbourne			State FL	Zip Code 32935			Am	ount of E	ach Disbu	ırsement	this Pe	eric
	Purpose of Disbu	ırsement					011	ΠL			100	00.00	_
	Candidate Name Sen. Bill Nelso					Ca	tegory/ Type	'					
	Office Sought: State: FL	House X Senate President District:	Disburse	ment For: Primary Other (spe	2012 General ecify)								
		First, Middle Initial)	1							n ID: 33			
	Mailing Address	PO Box 775						0 ^M	6 ^M /	15	y y	0 1 1	Υ
	City Marmora			State NJ	Zip Code 08223			Am	ount of E	ach Disbu	ırsement	this Pe	əric
	Purpose of Disbu	irsement					011	ΠL			100	00.00	_
	Candidate Name Rep. Frank A.	LoBiondo				Ca	tegory/ ype						
			Disburse	ment For:	2012								
	Office Sought:	X House Senate President		Primary Other (spe	General								

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196# 11932009121			
SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		any person for the	ne purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Chiropractic Association PAC			
Full Name (Last, First, Middle Initial) Hall For Congress Committee (Ralph Hall Mailing Address Post Office Box 711	- Rockwall		Transaction ID: 33501082 Date of Disbursement M 6 M / D 5 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rockwall Purpose of Disbursement	State Zip Code TX 75087		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Ralph M. Hall		011 ategory/ Type	
	ement For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Loebsack For Congress			Transaction ID: 33501085 Date of Disbursement 0 6 1 5 7 9 9 1 1
Mailing Address PO Box 1457 City Iowa City	State Zip Code IA 52244	,	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name Rep. Dave Loebsack	C	011 ategory/ Type	1000.00
X	ement For: 2012 Primary General Other (specify)	71 -	

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	15500.00

State: IA

District: 02